



Citation for published version:

Shaw, E, Butler, CA & Marriott, C 2008, 'Sex and sexuality teaching in UK clinical psychology courses', Clinical Psychology Forum, vol. 187, pp. 7-11.

Publication date:
2008

Document Version
Peer reviewed version

[Link to publication](#)

University of Bath

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Shaw, L., Butler, C. & Marriott, C. (2008). Sex and sexuality teaching in UK clinical psychology courses. *Clinical Psychology Forum*, 187, 7-11

This article reports on a survey of clinical psychology training courses that measured levels of training in sex and sexuality. Findings suggest there is inconsistent provision in terms of quantity and breadth of coverage.

Alice could not help her lips curling up into a smile as she began: 'Do you know. I always thought Unicorns were fabulous monsters too! I never saw one alive before!' 'Well, now that we have seen each other', said the Unicorn, 'If you'll believe in me, I'll believe in you. Is that a bargain?' 'Yes, if you like', said Alice (Lewis Carroll, *Alice Through the Looking Glass*).

THE UNIVERSALITY and importance of sexual expression, its social constraints and judgements, and resulting psychosocial issues connect with all areas of work for clinical psychologists throughout the UK. The high prevalence of psychosexual and sexuality related problems is well recognised, as is their co-morbidity with other problems such as depression (Rivers, 1995; Catalan et al., 1981; Dunn et al., 1998). Heterosexism and homophobia remain prevalent and have been linked to problematic psychosocial consequences within sexual minorities, including depression, psychosexual issues and high suicide rates (Bhugra, 1987; Coyle, 1993; Dupras, 1994). Clinical psychologists and other therapists are as open to these biases as other people and this can have deleterious effects on the therapeutic relationship (Ritter & Terndrup, 2002), access to services and non-disclosure in therapy relating to feelings of shame or mistrust (Dardick & Grady, 1980; Hook & Andrews, 2005).

So are we equipping our trainees with the skills for dealing with the complexities of working with sex and sexuality? As the quotation

above suggests, we have to be able to engender in our trainees openness to the possibilities of sexual diversity in all its complexity and not be daunted by it to be able to help our clients.

Guidelines for psychologists

Since dropping 'homosexuality' as a mental illness from the DSM in 1973 and ICD-10 in 1992, there has been a general shift in the attitudes of many psychologists and psychotherapists towards a more affirmative view of lesbian, gay and bisexual (LGB) sexuality that mirrors changes in legislation (e.g. APA, 2000; Cowie & Rivers, 2000; Annesley & Coyle, 1995). The DH (2006) has created new core training standards for sexual orientation for the NHS, the largest employer of clinical psychologists, making it an essential part of diversity training for staff as part of the Knowledge and Skills Framework in Agenda for Change. Similarly, the Equalities Act (2007) states that it is unlawful for health and social care organisations to discriminate unfairly against LGB and transgender people.

However, there is evidence that qualified clinical psychologists are unsure about how, by whom and when issues of sex and sexuality should be raised, and a general lack of knowledge and confidence in discussing pertinent issues that might affect LGB clients (Snowdon-Carr, 2005). In this research, psychologists expressed concerns about using appropriate language to discuss these matters and a lack of knowledge about where to access relevant information and resources.

In 2004 the British Psychological Society Training Strategy Group aimed to address such gaps in knowledge by requesting all special interest groups and faculties to produce best practice guidelines on the training and skills necessary for trainees and post-qualifying

clinicians to feel competent and confident to work in their particular area of expertise. In response to this, The Faculty of HIV and Sexual Health of the DCP has produced best practice guidelines for the training and consolidation of clinical psychology practice in HIV and sexual health (DCP, 2007), which outlines in its appendices areas that would be necessary to cover in training clinical psychologists to be able to work with psychosexual problems and diverse sexuality issues.

During the production of the guidelines, the Faculty decided to provide complementary CPD training workshops on sexuality awareness in 2006 and set up a Society working party to produce guidance on working with diverse sexualities in conjunction with the Lesbian and Gay Psychology Section and Division of Counselling Psychology (Butler & Shaw, 2007). We also wanted to find out what training in the area of sex and sexuality was currently happening on clinical psychology courses. Similarly, whether training courses are up to date on recent legislative changes that might affect the lives of clients.

Method

A questionnaire was developed by the Faculty committee and included questions about 12 core areas of training in sex and sexuality identified as minimal and essential for competency post qualifying. Information was requested about whether the courses provided the training, in what academic year, as

integrated or distinct sessions, for how many hours and in which modules. The courses were also asked whether any related CPD events were provided and the names of these trainers (so that the Faculty could build a national database of expertise).

The questionnaire was sent to all 34 clinical psychology training courses. Two months later this return deadline was extended and the questionnaire re-sent, increasing the response. Finally, those courses that had not replied were telephoned directly to encourage the returns.

Results

Twenty-three out of 34 training courses replied, giving a return rate of 68 per cent. Table 1 shows the topics that the Faculty felt were an essential part of training on sex and sexuality, how many courses taught the topic and the range of hours dedicated to it across the courses.

There was little consistency in academic year of training, module and teaching methods (integrated or separate) when this teaching took place. The range of modules covering these topics included adult mental health, physical health, assessment and formulation, induction blocks, society and context, couple work and personal and professional issues.

Post-qualifying CPD was rarely provided by courses in these areas, with the exception of the following one-off events: a sexuality and

Table 1: Sex and sexuality teaching across three years of training on clinical psychology courses

Topic	Numbers of Courses (N=23)	Range of Hours
How to talk about sex in therapy	19	1-16
Sexuality across the lifespan	19	3-12
Sexuality and disability	18	2-12
Sexual diversity	18	2-6
Psychosexual problems	15	1-14
Attitudes to sexual diversity	16	1-3
Sexual history taking	15	0.75-6
Sexuality and cultural issues	13	2-6
Working with lesbian, gay and bisexual clients	13	2-3
Psychosexual therapy	12	2-14
Therapist's self in relation to different sexuality	11	1-3
Theories of sexual orientation development	5	1-3

diversity workshop; a workshop on psychosexual difficulties; a workshop on working with sexual diversity in trainees; sexual issues that related to learning disability as part of a conference; and sexual issues mentioned in a workshop on diversity and power.

There were several issues highlighted within participants' invited comments:

- Undertaking the questionnaire made respondents recognise gaps in course content around sex and sexuality, or at least question the adequacy of it:

The teaching seems very 'disease focused' and we do not seem to be doing enough on sexuality and gender identity orientation.

We are aware that we are not providing much teaching on sexuality and are concerned in particular about the lack of consideration on sexual diversity.

- Some of the lack of provision related to finding tutors who could provide the training:

This is an area I'm keen to develop. The trick is finding people with experience in these areas.

These are areas in which we have sought to develop our teaching over recent years although at times we have experienced difficulty in identifying individuals with the appropriate background/skills.

- It is difficult to fit in sex and sexuality within an already full curriculum:

as a course that we are struggling to adequately address all the areas you have listed. This is a general problem we have in several areas and have a fundamental difficulty in needing to give a broad training but also to cover topics in sufficient depth.

We want to create a session specifically on working with sexual/psychosexual issues and concerns in therapy, but have not been able to convince another tutor to drop one of their sessions to make room for it.

- Filling in the survey was a difficult exercise as the topics were scattered across the curriculum and hours of teaching difficult to estimate:

It is likely that the above details in relation to number of hours of teaching provided is an underestimate with issues in relation to gender/sexuality being 'embedded' or arising in other areas of the curriculum.

- Not all trainees have the opportunity to see sexual problems in placement:

Fewer trainees are coming across sexual problems on placement because cases are being referred on to specialist services.

- That when trainees do get teaching in these areas it is welcomed:

This teaching goes down very well.

Trainees have been very positive about these topics and would like more teaching.

Discussion: Integrating sex and sexuality in training

Surveys of clinical psychology training course contents have been used in other areas, such as clinical health (King & Latchford, 2006), and are a useful way of capturing what is currently provided. However, despite good return rates, the accuracy of some of the data is questionable as the respondent was not always the person providing the training. It is difficult to describe and quantify all training in topics frequently spread over many years and modules. Despite this, provision remains patchy and there is some evidence that trainees come off courses unconfident in dealing with sex and sexuality issues in therapy (Snowdon-Carr, 2005). It is suggested that this does not reflect current social, legislative and clinical trends requiring more systematic and standardised provision. There is a danger that sex and sexuality will not be addressed routinely in mainstream NHS therapy provision, despite its centrality in human functioning. In a widening and more competitive work environment, this work

may be 'sold' to more specialised and confident practitioners who are willing and qualified to address these challenges (British Association of Sexual and Relationship Therapy, Pink Therapy and Pink Practice).

Clinical psychology training in the UK has been undergoing considerable change in recent years as a result of training expansion, the advent of core competencies (BPS, 2002) and new ways of working (DCP, 2005). The results of the survey and the Faculty's *Good Practice Guidance in HIV and Sexual Health* (DCP, 2007) may assist courses in planning basic requirements for training in the area of sex and sexuality. In addition, the Faculty has made a commitment to assisting in identifying trainers and consulting on curriculum. It is suggested that, like other areas of working with difference that require sensitivity and awareness of social processes and discrimination in order to enable effective therapeutic relating, sex and sexuality training should be made a priority.

This training needs to be woven throughout the curriculum, as well as separate lectures addressing specific topics in depth (e.g. psychosexual problems and LGB issues), with workshop components where trainees are able to undertake self-

reflective exercises in a supportive environment (DCP, 2007). This training also needs to take place in CPD workshops to increase the trainers' base and confidence in current supervisors.

Acknowledgements

Thanks are given to: Iseult Twamley, who helped to design the survey; the committee of the Faculty of HIV and Sexual Health, Cynthia Graham and Wendy Solomons for comments on survey drafts; Mime Matthews for chasing returns; and Jan Burns who provided guidance and inspiration on the survey design and helped us link up with training courses.

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